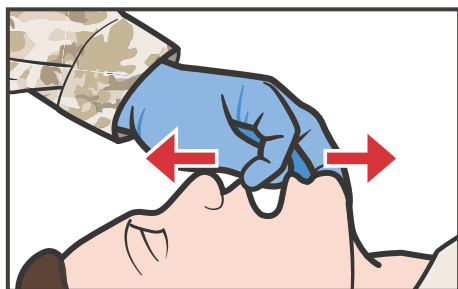
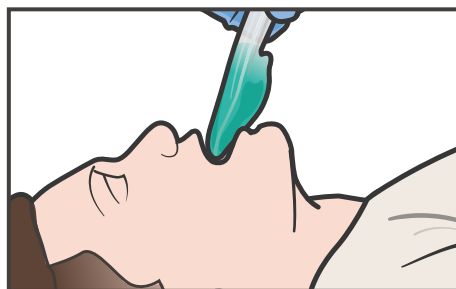


EXTRAGLOTTIC AIRWAY

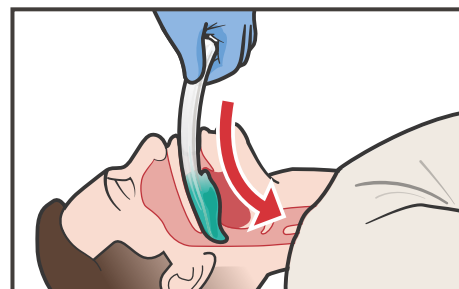
Continued...



10 **OPEN** the mouth with crossed- or scissors-finger technique.



11 **INTRODUCE** the leading soft tip into the mouth directed toward the hard palate.



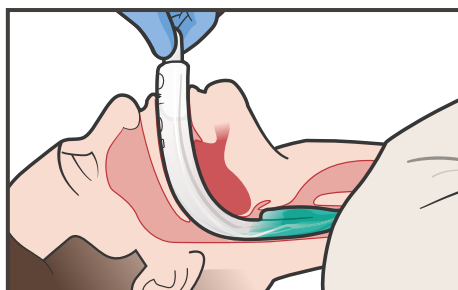
12 **GLIDE** the device downward and backward along the hard palate with a continuous but gentle push until a definitive resistance is felt.

STEP 12 NOTE: If early resistance is encountered during insertion, remove and perform the maneuver to open the airway.

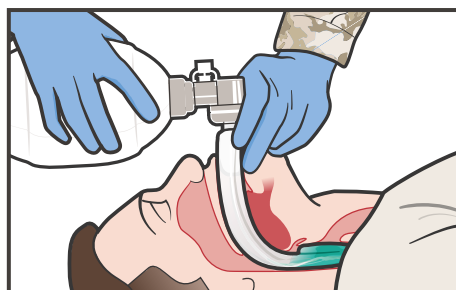
STEP 12 CAUTION: Do not apply excessive force on the device during insertion.

At this point, the tip of the airway should be located in the upper esophageal opening and the cuff should be located against the laryngeal framework.

STEP 12 NOTE: It is correctly positioned when the incisors are in line with the horizontal line at the middle of the integral bite block.



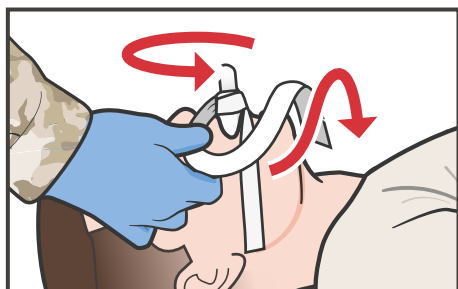
13 To avoid the possibility of the device moving out of position before being secured in place, the extraglottic airway must be **HELD IN THE CORRECT POSITION** until fully secured.



14 **ATTACH** the BVM to the extraglottic airway and ventilate the casualty.

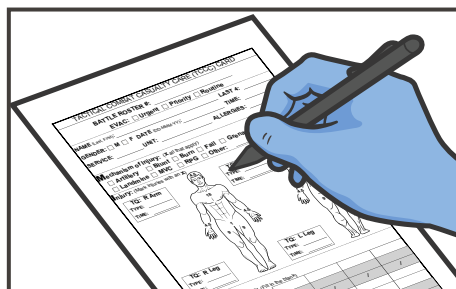


15 **ASSESS VENTILATION.**
(a) Auscultate lung fields (if possible).
(b) Watch for rise and fall of the chest.
(c) Auscultate the abdomen (if possible).



16 **SECURE** the device to the casualty.

NOTE: Tape from "maxilla to maxilla".



17 **DOCUMENT** all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.